



Federal Update for March 16 - 20, 2015



VA Eliminates Net Worth as Health Care Eligibility Factor

Washington – The Department of Veterans Affairs is updating the way it determines eligibility for VA health care, a change that will result in more Veterans having access to the health care benefits they've earned and deserve.

Effective 2015, VA eliminated the use of net worth as a determining factor for both health care programs and copayment responsibilities. This change makes VA health care benefits more accessible to lower-income Veterans and brings VA policies in line with Secretary Robert A. McDonald's MyVA initiative which reorients VA around Veterans' needs.

"Everything that we do and every decision we make has to be focused on the Veterans we serve," said VA Secretary Robert A. McDonald. "We are working every day to earn their trust. Changing the way we determine eligibility to make the process easier for Veterans is part of our promise to our Veterans."

Instead of combining the sum of Veterans' income with their assets to determine eligibility for medical care and copayment obligations, VA will now only consider a Veteran's gross household income and deductible expenses from the previous year. Elimination of the consideration of net worth for VA health care enrollment means that certain lower-income, non-service-connected Veterans will have less out-of-pocket costs. Over a 5-year period, it is estimated that 190,000 Veterans will become eligible for reduced costs of their health care services.

In March 2014, VA eliminated the annual requirement for updated financial information. VA now uses information from the Internal Revenue Service and Social Security Administration to automatically match individual Veterans' income information which reduces the burden on Veterans to keep their healthcare eligibility up to date. That change better aligned VA's health care financial assessment program with other federal health care organizations.

Veterans may submit updated income information at www.1010ez.med.va.gov/, or by visiting their nearby VA health care facility. For more information, visit www.va.gov/healthbenefits or call VA toll-free at 1-877-222-VETS (8387).

VA Establishes MyVA Advisory Committee

The Department of Veterans Affairs (VA) today announced the establishment of the MyVA Advisory Committee (MVAC). The Committee brings together skilled experts from the private, non-profit and government sectors to assist in reorienting the Department to better meet the needs of Veterans. This Committee is charged with advising the Secretary of Veterans Affairs with a focus on improving customer service, Veteran outcomes and setting the course for long-term reform and excellence.

The Advisory Committee will meet multiple times per year and will engage in periodic reviews to ensure the Department achieves the goals of MyVA. The Committee will provide advice on competing short-term and long-range plans, priorities and strategies to improve the operational functions, services, processes and outputs of the Department, and will also advise on appropriate levels of support and funding necessary to achieve objectives. Further, the Committee will review implementation of recommended improvements and suggest any necessary course corrections. Members of the Committee have extensive experience in customer service, large- scale organizational change and advocacy for Veterans.

“The success of MyVA will be Veterans who are better served by VA, so the work of this committee is incredibly important,” said VA Secretary Robert A. McDonald. “The collective wisdom of our committee members is invaluable and each of them understands that VA must improve customer service and focus the Department on the needs of our Veterans. They are dedicated to that mission and I am grateful for their principled service to our Veterans.” The biographies of Committee members are below. The group will hold their first meeting in April.

MG Josue “Joe” Robles Jr., US Army (Ret.)

Mr. Robles retired from the U.S. Army as a Major General after 28 years in service and joined the United States Automobile Association (USAA), where he assumed the position of President and CEO in December 2007. In 2009, *The Christian Science Monitor* named Mr. Robles the “No. 1 Veteran in Business,” and *American Banker* named him “Innovator of the Year.” Mr. Robles retired from USAA in February 2015. He will serve as Chairman of the MyVA Advisory Committee.

Michael Haynie, PhD, Vice Chancellor, Syracuse University

Dr. Haynie provides strategic leadership within the University’s campus-wide portfolio of Veteran and military-connected programs, partnerships and research – and works to develop new initiatives across the institution. He is an Air Force Veteran and serves as the Chairman of the Secretary of Labor’s Advisory Committee on Veteran Employment, Training, and Employer Outreach. Dr. Haynie serves as Executive Director of the University’s Institute for Veterans & Military Families, and he is the founder of Entrepreneurship Bootcamp for Veterans with Disabilities program. He will service as Vice Chairman of the MyVA Advisory Committee.

Herman Bulls, International Director, and Chairman Public Institutions, Jones Lang LaSalle

Bulls has vast experience in executive oversight of teams in real estate development, investment management, asset management, facilities operations and business development/retention. He serves on corporate boards including USAA, Tyco International, Comfort Systems and Exelis. Additionally he serves as a director of the West Point Association of Graduates and the Military Bowl, an NCAA sanctioned post season football game. An Army Veteran, Bulls is a graduate of the United States Military Academy at West Point and Harvard Business School.

Teresa Carlson, Vice President, Worldwide Public Sector Amazon Web Services

Ms. Carlson brings more than 20 years of experience as a business executive driving innovation and change, and producing successful business results. She is a leader in the information technology field. Prior to joining Amazon, Ms. Carlson served as Vice President of federal government business at Microsoft. She has 15 years of experience in the health care field and was recently named to Washingtonian Magazine's "100 Most Powerful Women," among other awards.

Richard H. Carmona, M.D., M.P.H, FACS, 17th Surgeon General of the United States

Dr. Carmona is a combat decorated and disabled U.S. Army Special Forces Vietnam Veteran. He is currently a Distinguished Professor at the University of Arizona, holds numerous public and private leadership positions and has extensive experience in public health, clinical sciences, health care management, national preparedness and a commitment to prevention as an effective means to improve public health and reduce health care costs while improving the quality and quantity of life.

Delos "Toby" M. Cosgrove, M.D., CEO and President, Cleveland Clinic

Dr. Cosgrove has emphasized patient care and patient experience in his leadership of the Cleveland Clinic, including the reorganization of clinical services. Dr. Cosgrove has launched major wellness initiatives for patients, employees and communities. He was ranked in Modern Healthcare's "100 most powerful people in healthcare" and "most powerful physician executives." He is a Veteran of the U.S. Air Force.

Laura Herrera, MD, Deputy Secretary for Public Health, Maryland Department of Health & Mental Hygiene

Dr. Herrera has served as Chief Medical Officer for Maryland and assisted the Secretary of Health on implementation of innovative health delivery reform structures in the state system. She served as a Medical Officer in the U.S. Army Reserve, National Director of Women's Health and the Acting Deputy Chief Officer of Patient Care Services in the VA's Veterans Health Administration.

Chris Howard, DPhil, President, Hampden-Sydney College

Mr. Howard currently serves as president of Hampden-Sydney College. In addition, he was nominated and confirmed as a member of the National Security Education Program Board. Mr.

Howard is a member of the Board of Directors of the American Council on Education and has served as Vice President for Leadership & Strategic Initiatives at the University of Oklahoma. He is a retired Air Force Lieutenant Colonel.

Nancy Killefer

Ms. Killefer served as a Senior Director in the DC office of McKinsey & Company. During her career, Ms. Killefer has focused on strategy, marketing and organizational effectiveness and efficiency issues with an emphasis on consumer-based and retail industries. Ms. Killefer also founded and led McKinsey's global public sector practice. She is a former Chief Financial Officer, Chief Operating Officer and Assistant Secretary for Management at the United States Department of the Treasury, and has previously chaired the IRS Oversight Board. Ms. Killefer now serves on a number of corporate Boards and is the Vice Chair of the Defense Business Board.

Fred Lee

Mr. Lee is a nationally recognized expert and consultant in the patient and family experience. He is the author of the best-selling health care leadership book, *"If Disney Ran Your Hospital, 9 ½ Things You Would Do Differently."* His career in hospital management and expertise in quality improvement has changed the language of patient satisfaction in hospitals, and introduced experience based improvement to change management and staff engagement.

Eleanor "Connie" Mariano, M.D., Founder, Center for Executive Medicine

Dr. Mariano was the first female director of the White House Medical Unit and the first military woman to become a White House Physician to the President. Dr. Mariano joined Mayo Clinic's Executive Health Program upon departure from the White House, and has since founded the Center for Executive Medicine. Dr. Mariano is a retired Navy Rear Admiral.

Jean Reaves

Ms. Reaves is a Vietnam Era Veteran who has been a Veteran Advocate for the last 20 years. She is a member of AMVETS and several other Veteran Service Organizations. She is currently President of North Carolina AMVETS Service Foundation. Ms. Reaves also served as Veteran Liaison for United States Senator Kay Hagan. She also is the wife and mother of Veterans.

Maria "Lourdes" Tiglao, Director of Outreach and Resource Development, The District Communications Group

Ms. Tiglao is a Veteran of the U.S. Air Force and was a co-founder of the first USAF Critical Care Medical Attendant Team in the Pacific. Ms. Tiglao currently serves as Regional Communications Manager for Team Rubicon, a Veteran disaster response service organization.

Robert E. Wallace, Assistant Adjutant General and Executive Director, Veterans of Foreign Wars

Mr. Wallace is a Vietnam Veteran and is responsible for the day-to-day operations of VFW activities in Washington, DC. Mr. Wallace's VFW service follows a successful career in banking,

and positions in New Jersey state government in Veterans Affairs and Employment and Training commission.

MCRMC Update ► DoD Wants More Report Background Data

Pentagon officials are raising questions about the conclusions reached by a blue-ribbon commission and its proposal to overhaul the military retirement and health care systems, a top defense official said. In the Defense Department's response to recommendations from the Military Compensation and Retirement Modernization Commission, the military services are likely to ask for more information about the panel's detailed proposals on retirement, health care and quality-of-life programs. Most Defense Department officials have had no access to the data that the commission's recommendations are based on, and that lack of background information makes it difficult for the services to provide a firm response to the proposal, Chief of Naval Personnel Vice Adm. Bill Moran said 4 MAR. "[The commission] claims they've done all the analysis but we have not been able to see what's inside that analysis, so I'm anxious to see it. ... We are interested in looking at how the commission came to the conclusion that [its proposed retirement recommendations] would be a better option," Moran said. Military officials are receptive to the idea, Moran said, noting that the Defense Department last year offered its own proposal for military retirement reform that includes some similar features. Still, Moran said he'd like more information about the commission's claim that troops would prefer the proposed system and it would not affect retention. "There are aspects we like and aspects we need more analysis on," Moran said.

Top personnel officials have been working around the clock to analyze the controversial proposals. The Pentagon's official views on the proposals will likely have a strong influence on Capitol Hill and on whether any of the changes proposed in January become law. Defense Secretary Ash Carter has a 13 MAR deadline to give the White House a response on the commission's report. Carter testified on Capitol Hill in early March about the defense budget, but did not offer an opinion on the commission's report.

For years, top Pentagon officials have expressed concern that personnel costs are soaring and could soon limit the military's ability to modernize weapons and develop advanced technology. Congress created the commission in 2013 to launch a two-year study of the controversial issues involving military compensation. The proposal specifically calls for shrinking the traditional pension by about 20 percent. It would also create a new retirement benefit for troops who leave before 20 years of service by offering government contributions to a portable 401(k)-style investment account, up to 5 percent of base pay. And the new plan would give troops a lump-sum retention bonus after 12 years of service. It includes a provision to give individual troops the option to forgo immediate monthly retirement checks and instead receive a lump-sum payment for the total value of their working-age retirement benefit between the time they leave service and the time they become eligible for their normal Social Security benefits, usually

starting at age 67. Military officials have expressed interest in a flexible retirement system that gives troops the option to save for retirement early in their careers with retention bonuses along the way and incentives to stay at least 20 years. While military officials have sought to alter the military pay, benefits and retirement system to trim burgeoning personnel costs, they also have concerns that drastic changes could hurt retention and upend the stability of the volunteer force.

Commission officials have said that a sweeping survey of military personnel indicates that troops favor their proposal. But while most of the survey results and data are available online, they remain challenging to process into a readable format and the commission uses a proprietary computer program to translate the information. The commission's proposals, Moran said, appear to offer flexibility that the services could use to attract and retain personnel and provide incentives to manage personnel needs. "All you want to do is build a framework that allows you to build [retirement benefits] to your best advantage, especially when you can use it for your specific [service] needs," Moran said. President Obama is expected to deliver the administration's formal recommendations on the commission proposals by 1 APR. [Source: MilitaryTimes | Patricia Kime and Andrew Tilghman | Mar. 05, 2015 ++]

Sequestration Update ► Pentagon Officials Told Budget Caps Will Stay

Several influential Republicans and Democrats have bluntly told top Pentagon officials that the budget caps known as sequestration are unlikely to change anytime soon, suggesting that the painful across-the-board budget cuts may hit the military again this fall. "Even though I believe in miracles, it is becoming very clear to me that ... the Budget Control Act funding levels will be the law of the land," Rep. Betty McCollum (MN) said. McCollum was referring to the formal name of the 2011 law that established sequestration, a concept that military planners detest because it automatically lops a certain arbitrary percentage of funding from every defense budget account, with no flexibility allowed, in an effort to reduce government spending.

Rep. Ken Calvert (R-CA) delivered a similar message. "The [Budget Control Act] is the law of the land. Until that's changed, we must abide by it. So we have a serious funding gap between the strategy and the law," he said. The gruff message came 4 MAR as Defense Secretary Ash Carter and other top defense officials appeared for their annual testimony before the House Appropriations Committee's defense panel, a powerful group of lawmakers who hold unique sway over the Defense Department budget. Carter echoed the now-familiar calls for the Congress to repeal the law. "We would have to change the shape and not just the size of our military, significantly affecting parts of our defense strategy. We cannot meet sequester with further half-measures," Carter said. "If we're stuck with sequestration's budget cuts over the long term, our entire nation will have to live with the answers." But Carter was repeatedly told by lawmakers that the Pentagon should plan for the budget cuts sooner rather than later.

That standoff stems from President Obama's budget request for fiscal 2016, which begins 1 OCT. That budget request is \$38 billion over the sequestration cap. Rep. Kay Granger (R-TX) told Carter: "I would beg you to be the person that says, 'Tear up that president's budget because it assumes that there's no sequestration.'" The negative sentiment from the Republican-controlled House Appropriations Committee highlights the fierce battle taking place within the GOP, where tea party loyalists and other budget hawks seeking to rein in military budgets are locking horns with more moderate Republicans who support robust spending on national security. Those GOP defense hawks are supporting the Pentagon's budget request and have urged their party to vote to suspend the sequestration caps and grant the Defense Department the budget flexibility it seeks. Rep. Mac Thornberry of Texas, the Republican chairman of the House Armed Services Committee, which also plays a key role in the Pentagon's budget, firmly supports lifting the spending caps for the military.

Army Gen. Martin Dempsey, chairman of the Joint Chiefs of Staff, told lawmakers that if DoD does not get the full amount requested, the Pentagon will have to rewrite the current national security strategy that aims to keep a robust military presence around the world and shift more resources into the Pacific region. "If we don't get that [money], the strategy's going to have to change. So if you ask me how I will manage the current strategy, it's unmanageable" under the current budget caps, Dempsey said while testifying alongside Carter before the Senate Armed Services Committee on 3 MAR.

Many lawmakers said they support lifting the budget caps, but are resigned to the possibility that it may be politically impossible. "I completely agree that the [sequestration law] needs to be modified to avoid dramatic consequences and long-term negative impacts on our military capability," said Rep. Rodney Frelinghuysen (R-NJ), chairman of the House Appropriations Committee. "But unless and until the law is changed, this committee has no choice but to draft our bill to comply with the caps, at least \$37 billion below the president's budget request. "So we'll need to work very closely together to ensure the funding you are appropriated is sufficient to take care of our uniformed and civilian personnel, maintain your readiness at the highest possible level, and sustain our technological advantages," Frelinghuysen said. [Source: MilitaryTimes | Andrew Tilghman | Mar. 05, 2015 ++]

BRAC Update ► Pentagon Planners Have a New Pitch

Pentagon planners have a new pitch to lawmakers skeptical of a fresh round of base closings: We promise we'll save money this time. In recent years, White House and defense officials repeatedly have broached the idea of launching another base closing process to dump excess military facility space. And most lawmakers repeatedly and angrily have rejected the idea, calling the process divisive and costly. But that perception is the fault of the last base realignment and closing process, according to John Conger, acting assistant secretary of defense for installations. He told members of the House Appropriations Committee on 3 MAR that the much-reviled 2005 round had many recommendations "not designed to save any money" and was more about rebalancing the force than cutting costs. He also said defense

officials are focused on not taking that approach again. "We look at the next round as an efficiency-driven one," Conger said. "In such a budget environment as we have today, it only makes sense to avoid spending money on excess."

Officials estimate that the military's U.S. footprint is at least 25 percent bigger than it needs to be, given the force's shrinking personnel levels. Trimming infrastructure by just 5 percent, they say, could save about \$2 billion annually in reduced upkeep costs. But the department estimated similar excess capacity in 2004, when the last Base Realignment and Closure (BRAC) round was approved. It reduced the military infrastructure by less than 3.5 percent and ended up costing more than \$35 billion to achieve roughly \$4 billion in future annual savings. Lawmakers repeatedly have said that the Defense Department cannot afford similarly high up-front costs again, given the pressures on the defense budget. They've also been reluctant to sign on to shifting military personnel and jobs out of their own districts, a proposal in the past that has caused significant local economic problems in some communities.

Rep. Jeff Fortenberry (R-NE) said the current BRAC authority — written more than 25 years ago — is too archaic for the future needs of the force. He suggested lawmakers may be amenable to a review of segments of facility use — a review of military housing and privatization options, for example — instead of a full base closing round. Last year, Rep. Adam Smith (D-WA), ranking Democrat on the House Armed Services Committee, offered similar revisions to the BRAC process, including a shorter timeframe for realizing savings and more flexibility for Congress to respond to the recommendations. But Conger said defense officials oppose those ideas, and instead remain confident that a base closing round, done right, still can be a success. "When we want to save money with BRAC, we do," he said. [Source: MilitaryTimes | Leo Shane | Mar. 03, 2015 ++]

POW/MIA Recoveries

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,515) Korean War (7,855), Cold War (126), Vietnam War (1,656), 1991 Gulf War (5), and Libya (1). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to <http://www.dpaa.mil/> and click on 'Our Missing'. If you wish to provide information about an American missing in action from any conflict or have an inquiry about MIAs, contact:

- Mail: Public Affairs Office, 2300 Defense Pentagon, Washington, D.C. 20301-2300, Attn: External Affairs
- Call: Phone: (703) 699-1420
- Message: Fill out form on <http://www.dpaa.mil/Contact/ContactUs.aspx>

Vietnam

Staff Sgt. Bunyan D. Price Jr. U.S. Army 2nd Battalion, 34th Armor Regiment, 1st Cavalry Division was reported lost on 5/2/1970 in Vietnam. He was accounted for on 2/25/2015. No information was released by DPAA on the circumstances of his lost but the following is posted on the Virtual Wall:

On 02 May 1970, a UH-1H Huey (hull number 68-16512) departed Tay Ninh on a logistics mission to Fire Support Base Bruiser, Kontum Province, SVN, just south of the Vietnamese/Cambodian border. Heavy weather forced the Huey to divert over the Cambodian border, where it was shot down by enemy antiaircraft fire. Eight men were aboard the helicopter, four crewmen and four passengers. Pilot WO1 Varnado was wounded by the AAA fire, but co-pilot WO1 Maslowski was able to crash-land the Huey in an area bounded by tall elephant grass. The crew and passengers safely evacuated the aircraft, but were immediately forced to disperse as enemy troops approached. Of the eight men, only one - Private Karreci - was able to evade the enemy and return on foot to friendly lines. The other seven men simply disappeared.

During his debrief, Private Karreci stated that he saw WO1 Varnado, CPT Richardson, WO1 Maslowski, and SP4 Crowson captured by the VC and that enemy soldiers pulled the body of an unconscious or dead "blond, heavy-set man" from the bamboo. While Karreci was not able to identify that man, it was suspected to be SP4 Rodney Griffin. Karreci was not able to provide any information regarding CPT Young or SP4 Price. It wasn't until early 1973 that any further solid information about their fate was received; in January 1973, the PRG announced that Varnado and Young had died in captivity, and in February Maslowski and Crowson were released with other POWs. Maslowski confirmed that Richardson had been captured and that Varnado and Young had died in captivity. Both he and Crowson felt sure that SP4 Price also was captured, although they never saw him in captivity. ... There had been unconfirmed reports that Bunyan Price was captured, but by Khmer Rouge troops rather than by the VC; the Khmer were known to maintain control over captured American and South Vietnamese troops rather than turning them over to North Vietnamese or VC control.

Over the years, the Secretary of the Army approved Presumptive Findings of Death for the three missing men, Captain Richardson on 15 January 1979, SP4 Griffin on 16 January 1974, and SP4 Price on 20 November 1978. On 27 April 1989, the Vietnamese returned a number of human remains. On 27 July 1989, the U. S. Government was able to announce the positive identification of Warrant Officer Varnado's remains, and on 05 November 1997 the positive identification of Captain Young's remains was announced. But Richardson, Griffin, and Price remain among the missing.

Korea

Pfc. Lotchie J.R. Jones, U.S. Army Company B, 1st Battalion, 8th Cavalry Regiment, 1st Cavalry Division was accounted for 2/26/2015. Jones went missing at age 17 on or about November 2, 1950, in the vicinity of Unsan, North Korea and is believed to have died while in enemy captivity at the Pyoktong Prisoner of War Camp 5 on February 28, 1951. In September, 1954, Chinese

forces turned over remains recovered at POW Camp 5 and mistakenly identified as Delano B. Mulder. Efforts to correctly identify the former prisoner of war in 1954 were unsuccessful. In 1956, the unidentifiable remains were interred at the National Memorial Cemetery of the Pacific in Honolulu, Hawaii. In 2014, the Joint POW/MIA Accounting Command's Central Identification Laboratory at Joint Base Pearl Harbor-Hickam in Hawaii re-examined the records and determined resources to identify the remains designated as "X-14516" now existed. The unidentified remains were exhumed on July 10, 2014. Researchers used chest radiographs, dental records and skeletal remains to confirm the remains were those of PFC Jones. He posthumously received the Combat Infantry Badge, Prisoner of War Medal and Purple Heart Medal. He also received the Korean Service Medal, Republic of Korean War Service Medal and the United Nations Service Medal Jones is survived by his brother M.V. Jones of Whitwell, TN and his sister Mamie Lou Wells of Jasper, TN.

Pfc. John R. Bowers, of Greenville, S.C. was accounted for on 20 March 2015. He was assigned to Company L, 3rd Battalion, 9th Infantry Regiment, 2nd Infantry Division, when lost in South Korea on Feb. 14, 1951. He will be buried with full military honors on Saturday 3/21/2015 in Greenville, SC.

World War II

2nd Lt John W. Herb, U.S. Army Air Forces 1st Air Division, 359th Fighter Group, 368th Fighter Squadron reported lost on 4/13/1945 in Germany was accounted for 2/19/2015. An account of his loss by another pilot reads as follows: *At 16.30 my flight, which consisted of Lt's Bergber Marson, Herb and myself spotted numerous enemy aircraft parked in an open space adjacent to a wooded area south of Neumunster, Germany. We made several passes on these parked e/a and destroyed twelve of them. Lt. Herb flew too close to the trees while making this attack, and tore his collant scoop off. His ship was unable to gain altitude due to this damage, so the flight headed for friendly territory. In vicinity N/W of Hamburg Lt. Herb's engine quit and he tried to crash land his ship in an open field, but approximately 30 yards away he crashed into some trees, fell to the ground and burned. I believe Lt. Herb was killed.* [Source: <http://www.dpaa.mil> | Mar. 13, 2015 ++]

VA Secretary Update ► Vision for the Future

Veterans Affairs Secretary Bob McDonald at a congressional hearing 4 MAR laid out a vision for the future of his department that includes far fewer VA facilities and a more “hybrid” approach to veterans health care that will involve both public and private resources. McDonald trumpeted the buzzword of reform through the House Appropriations VA subcommittee hearing, and his prescriptions were met with tempered approval from lawmakers in both parties. The man known as “Secretary Bob” emphasized the need to get rid of aging and little-used facilities, while vowing to expand upon a recent legislative effort to give more veterans access to private care. The secretary’s calls for change were so significant one lawmaker -- Rep. Sam Farr (D-CA) -- said McDonald’s opening statement included more reform suggestions than he had “ever heard from a secretary in any department.”

McDonald asked Congress to take a look at VA's physical infrastructure, noting 900 of its facilities are more than 90 years old and 1,300 are more than 70 years old. More than 330 facilities are more than half vacant. VA can save about \$24 million annually on maintenance costs by closing those mostly empty buildings, McDonald said. Lawmakers also were interested in the Veterans Access, Choice and Accountability Act, which they passed in the last congressional session. In recent weeks, efforts to boost both accountability and access to care have come under fire. McDonald said that while relatively few eligible veterans are opting to use their private-access health care cards, it is still too soon to measure the full impact of the new law. "There's a high degree of uncertainty," McDonald said, "as there is with any free market with choice." He added various estimates anticipate the agency will spend between \$4 billion and \$13 billion over the next three years. He also said he would like to work with Congress to ensure he has flexibility in enforcing the law to rope in more participants, including the possibility of reducing the 40-mile boundary.

McDonald warned against contracting out VA services, but said he thinks there "will be a hybrid system in the future." He added VA had seen a 48 percent increase in awarding private care before the 2014 access law was passed. On the staffing front, McDonald said the agency still must add 4,000 physicians and 10,000 nurses to its rolls. Much of the funding for those increases was provided in the 2014 reform law. Since the secretary took over last year, VA has hired 900 new doctors and more than 1,000 nurses. McDonald noted VA has raised pay bands for physicians -- which has helped fill vacancies -- but the perception that "VA is a terrible place to work" remains a larger issue. The secretary has held town hall meetings across the country with VA staff, where employees told him they were "prisoners of a system they couldn't change."

Since his nomination, McDonald has emphasized the need to provide better customer service to veterans. He asked Congress to give him the flexibility typically afforded to private-sector leaders so he can attack the problems VA faces more fluidly. He expressed his desire to apply that mentality to rank-and-file personnel as well: "This is your VA too and you can change it," McDonald said he has told employees. To help advance those efforts, McDonald has embraced union leadership. American Federation of Government Employees National President J. David Cox has praised the regime of the new secretary, applauding its responsiveness to the union's concerns.

McDonald has labeled his proposals under the umbrella of MyVA, which includes centralizing VA outposts into five regions. He said his changes are not intended to be a "time-bound exercise," but he expects them to occur within the next couple of years. The overhaul won't happen overnight, he said, but the payout will make the wait worthwhile. "My reforms will take time," McDonald told the panel. "But over the long term they will enable VA to better provide to veterans the services they earned." [Source: GovExec.com | Eric Katz | Mar. 04, 2015 ++]

VA Women's Health Policies ► Lawmakers Ask for Investigation

A bipartisan group of House lawmakers is asking for an investigation into the Veterans Affairs Department's outreach efforts to female veterans, calling the issue critical to the future of the agency. The letter, sent 12 MAR by 11 members of the House Veterans' Affairs Committee, asks VA's Inspector General's office to look into privacy policies, facility access and gynecological services available throughout the Veterans Health Administration. "Female veterans are the fastest growing population served by [VA]," the letter states. "Women currently comprise about 10 percent of the population of the VA, but are about 20 percent of the active-duty components. It is critical that [VA staff] are prepared to serve the unique needs of female veterans." Lawmakers said they are concerned with recent reports that VA "drastically underserves" female vets, either due to missing services, untrained staff or inadequate facilities.

VA officials said more than 635,000 female veterans are enrolled for VA health care, and about 400,000 actively use department services. Those figures have roughly doubled since 2000. In testimony before the Senate Veterans' Affairs Committee last month, VA Secretary Bob McDonald said he has made recruiting gynecologists a departmental goal, recognizing the growing need. The department is also expanding the number of women's clinics nationwide. But Rep. Dina Titus (D-NV) said in a statement that she sees chronic problems in the system, "including a lack of women's health providers, problems with the coordination of care, and inappropriate treatment." The letter does not set a timeline for the investigation, but lawmakers said they intend to take up the issue with the committee in coming weeks. [Source: MilitaryTimes | Leo Shane | Mar. 12, 2012 ++]

VA Funding Needs ► Rising Cost of Caring for Younger Vets

On 4 MAR Veterans Affairs Secretary Bob McDonald testified before the veterans' affairs panel of the House Appropriations Committee on the VA's \$169 billion budget request for next year. He told lawmakers that the department is on track to meet two lofty goals set by his predecessor: End the disability claims backlog and veteran homelessness. But McDonald offered a laundry list of figures and some projections indicating that whatever victories the VA may achieve in the next year or so, the pieces already are set for the making of another situation to overcome. "The cost of fulfilling our obligations to veterans grows over time because veterans demand for service and benefits continues to grow as wars end," he said. "While it's true that the total number of veterans is declining, the number of those seeking care and benefits is increasing dramatically."

The last 14 years of war have seen increasing numbers of today's veterans applying for VA care, which is already striving to meet the care demands of the larger and aging Vietnam veteran

population, McDonald said. In 2014, for example, 22 percent of Vietnam veterans received service-connected disability benefits, but that figure is expected to increase. From 1960 until 2000, he said, about 8.8 percent of America's veterans were seeking VA care. In the last 14 years – since the invasions of Afghanistan and Iraq – the percentage has more than doubled, to 19 percent. In that time not only has the number of claims grown, but the number of medical issues detailed in each claim. In 2009, he said, the VA processed 989,000 claims that included some 2.7 million medical issues. McDonald projects that in 2017, the VA will process 1.4 million claims detailing nearly 6 million medical problems.

Disability ratings and their associated costs also continue to climb. From 1950 to 1995, the average claim garnered a 30-percent rating. Since 2000, that has increased to 48 percent. Meanwhile, there is a greater survival rate for wounded troops, as well as more sophisticated methods for treating health conditions. "Veterans demands for benefits and services have exceeded VA's ability to meet them," he said. "You have to understand why that is happening." He said the claims backlog that has dogged the department since 2010 is on target to be eliminated by the end of 2015, and the department's \$85 million request for 770 new employees is tied to hitting that goal and also taking on the separate problem of appeals. We've done all we can with digitization and mandatory overtime," he said, referring to the agency's work converting hundreds of thousands of paper claims into electronic records. "Now we need more people."

McDonald also told the panel that VA is also on target to end chronic veterans' homelessness by the end of 2015 – a goal first voiced by his predecessor, Eric Shinseki, in 2010. Since then homeless has dropped among veterans by about 33 percent as the VA has worked with the Department of Housing and Urban Development as well as states and cities to get veterans and their families into housing. But McDonald told lawmakers the VA is also advocating for more veterans courts across the U.S. These courts work in conjunction with VA officials, law enforcement and treatment facilities to try to keep veteran offenders out of jail by getting them counseling and treatment. "Incarceration for a veteran is a ticket to homelessness," he said. "Veterans courts are a great way to deal with this ... because if we can keep veterans out of jail we can keep them from becoming homeless [Source: Military.com | Bryant Jordan | Mar. 04, 2015 ++]

VA Whistleblowers Update ► There's Real Fear if You Speak Out

After five suicidal veterans walked out of the emergency room without getting help during a single week in January, Brandon Coleman brought his concerns to his supervisor at the VA Hospital in Phoenix. Coleman, a therapist and decorated veteran, urgently warned that there was a broader problem with how suicidal patients were being handled. Six days after he spoke with his boss, Coleman recalled, he was suspended from his job. He believes it was in retaliation. At a time when top officials at the Department of Veterans Affairs are pledging to

end the agency's pervasive culture of punishing whistleblowers, Coleman's experience is evidence of what reformers are up against.

VA Secretary Robert McDonald came to office in July in the midst of the largest scandal in the agency's history. He announced that he wanted to make "every employee a whistleblower" and create a fresh culture that "celebrates them." In the months before, a group of whistleblowers at the Phoenix center had come forward to expose the common VA practice of falsifying patient wait times to cover up how long some veterans had to wait to see a doctor. The revelations prompted a public uproar and cost McDonald's predecessor, Eric K. Shinseki, his job. As investigators dug into the fraudulent wait times, they discovered that whistleblowers across the country have faced reprisals for reporting a range of concerns, including accounting irregularities, nursing shortages and mishandling of health-care funds, according to the Office of Special Counsel. Yet despite promises from Washington, retribution against VA whistleblowers continues.

The OSC, an independent federal agency that investigates whistleblower claims, said it has received 111 VA reprisal cases involving health and safety issues across 36 states plus the District and Puerto Rico since McDonald became secretary in July. "VA's leadership is sending a positive message," said OSC head Carolyn Lerner. "But when you're trying to change the culture in a system as large as the VA, it's not surprising that it may take longer for change to happen on the ground."

Coleman, who has filed a complaint with the OSC, recounted in an interview that he was blindsided by his supervisor's rebuke after he raised his concerns about the handling of suicidal veterans. After all, Coleman had successfully graduated 51 people from a program he had designed to help high-risk veterans stay sober, stay out of jail and cope with suicidal thoughts. "After I came forward, the director wanted a meeting with me. I thought: 'This is great. We can fix this. No suicidal veteran should leave the VA without talking to somebody — that shouldn't be allowed to happen,'" Coleman said. "But, instead, the meeting was just eerie." He was put on paid administrative leave. " 'Brandon,' " he recalled being told, " 'I want you to know, you are not being terminated. Not yet.' " In the interview, Coleman said he wonders why VA discouraged its staff from taking steps to improve the agency. "I'm just trying to get this fixed and get my job back," he said.

Two other VA employees have come forward in the past few weeks in support of Coleman's claims and have also filed for whistleblower protection with the OSC. The veterans in Coleman's program said they are the ones suffering because his therapy program has been canceled. "His program just brought me back," said a former Army sergeant, John Negrete, who enrolled in June when he was near suicide. "There's no one who can teach this program the way he teaches it. We have veterans crying over this." VA officials declined to comment on the specifics of Coleman's case, saying they do not discuss personnel matters. But they said they are committed to changing the culture and supporting whistleblowers.

The OSC says that VA has taken “important steps to improve” and that agency cooperation is one key reason why the office has been able to obtain more than 25 corrective actions since April for VA whistleblowers, which include getting jobs back, monetary payments and the removal of negative performance reviews. While advocates for whistleblowers say the Washington leadership may be sincere about change, they say the new approach has not yet filtered down to VA’s 1,700 health-care facilities. “With how big the VA system is, McDonald is playing whack-a-mole, and I think he’s doing a great job and trying to change the culture as aggressively as we have ever seen,” said Paul Rieckhoff, founder and chief executive of Iraq and Afghanistan Veterans of America. “But each region is its own very dysfunctional fiefdom, so on the ground it’s going to take some real time.”

- In Denver, for example, the director of the VA hospital told employees in late January to stop talking to the media about recent delays in care and a secret wait-time list. “Once you talk to the media, you are on your own,” the director said, according to a tape of the meeting aired on Denver’s 9News television station. “Once you are in hot water, nobody will help you.”
- In St. Louis, Jose Mathews said he was removed from his position as chief of psychiatry at the VA Hospital there after he raised concerns that his superiors exhibited a “disregard for veteran care and safety,” according to his complaint filed with the OSC.
- And in Puerto Rico, VA employee Rosayma Lopez said she was dismissed in November after her supervisors disapproved of an internal investigation she had done. Lopez had been tapped to look into whether one of her colleagues — who had reported the arrest of a high-ranking VA executive — had done anything wrong. She found he had not and refused to change her findings despite pressure from above.

During the VA scandal last summer, Katherine Mitchell was one of the first whistleblowers to go public with her concerns. She testified before Congress that she was removed as emergency-room director after reporting understaffing and inadequate training in Phoenix. In a recent interview, Mitchell said the culture inside the VA hospitals and health centers has not changed. She said she receives three or four calls or emails a week from other whistleblowers seeking her advice. “The sad thing is I don’t have any place to tell them to go report it where they can be 100 percent certain there will be no retaliation,” she said. “There’s real fear at VAs across the nation that if you speak out, you run the risk of losing your entire career.” [Source: The Washington Post | Emily Wax-Thibodeaux | Mar. 05, 2015 ++]

VA Vet Choice Program Update ► Service Availability Not Considered

Lawmakers and veterans groups have been dismayed with the implementation of the new Choice Card system so far, complaining that program officials seem more focused on keeping individuals out of the program than getting it running. VA officials note that Congress — not the department — set the eligibility rules and needs to make fixes if gaps are emerging. A survey

this week by the Veterans of Foreign Wars found 80 percent of individuals who thought they qualified for the outside care options were rejected by VA, a figure the group calls unsettlingly high. "This program is intended to be the solution to last year's nationwide crisis in care and confidence," VFW National Commander John Stroud said in a statement. "[We] will not let it fail."

VA officials have received more than 500,000 inquiries into the program since cards went out last fall, but only about 30,000 have been able to receive private care appointments through the program, and only a small fraction of those veterans live far enough from VA facilities to qualify. Last week, 41 senators petitioned the department to relax its interpretation of the 40-mile rule, taking service availability into account instead of just geography. Sen. Johnny Isakson (R-GA), chairman of the Senate Veterans' Affairs Committee, said he and his colleagues will take up legislative fixes to the problem in coming weeks. VA Secretary Bob McDonald said his department is looking into fixes too, and said he'll come back to Congress with a "reinterpretation" of the 40-mile rule in the near future. But he also lamented that, despite his promises to reform VA into a more customer-focused organization, "I'm kind of a prisoner of the system."

McDonald has asked for flexibility to shift Choice Card funds to other accounts if needed, noting that planners still have questionable estimates about veterans' interest in and use of the program. Critics have called that an attempt to undermine the still-new offering, rather than investing time into making sure it works. VA officials have said they have numerous tools to send veterans to outside care if needed, but integrating all of them together will take time. Veterans denied the Choice Card program can request a "geographic burden" exception if they think the 40-mile rule is being applied unfairly. But fewer than 50 veterans have done so, prompting department officials to ask if patients and administrators are aware of the option. And while the fight over the program rages in Washington, D.C., veterans like Gendron are left waiting for a fix. The Minnesota veteran said he already has an overdue bill of about \$1,500 for outside VA medical services, a debt that will only grow with his new out-of-pocket psychiatry expenses. "There's a problem with what they're doing," he said. "I don't understand why I'm left suffering here, and that's what really bothers me."

The VFW has commissioned a second survey to poll members on their experiences accessing the Veterans Choice Program. Participation to date has allowed the VFW to continue to keep its finger on the pulse of this important program and evaluate progress as the Veterans Choice Program enters its fifth month. If you took their first survey, but have not taken the second survey, which went live on 6 FEB, you can help them track any changes in your experiences. If you are taking this survey for the first time, your input is critical to holding VA accountable for delivering timely non-VA care options to veterans. You can take the survey at: <https://www.research.net/s/VFWChoiceSurvey2>. To learn more about the Veterans Choice Program or to share your stories with the VFW, visit: <http://www.vfw.org/VAWatch>. [Source: MilitaryTimes & VFW Action corps Weekly | Leo Shane | Mar. 04 & 13, 2015 ++]

Vet Toxic Exposure ~ Ft. Detrick Update ► 106 Claims Denied

The Army said 3 MAR it has denied more than 100 claims seeking millions of dollars in compensation for cancer deaths and other illnesses allegedly caused by chemicals buried or tested decades ago at Fort Detrick in Frederick, Maryland. The denials set the stage for a likely federal lawsuit, said a lawyer for a group that orchestrated the filings. "We're dealing with some people who are facing a lifetime of cancer treatments," said Mike Hugo, a Framingham, Massachusetts, attorney retained by the Kristen Renee Foundation of Tampa, Florida. "We're talking about families who have lost parents young." The foundation is led by former televangelist Randy White and named for a daughter who grew up near Fort Detrick and died of brain cancer in 2008. Her mother, White's ex-wife Debra Cross, died of kidney cancer in November.

The U.S. Army Claims Service, headquartered at Fort Meade, Maryland, sent out letters last month denying 106 of 110 claims filed, Fort Detrick spokeswoman Lanessa Hill said. She said there's been no determination yet on the four remaining claims. Two of those were by people contending they couldn't sell their homes due to contamination fears, and the other two were health claims that lacked documentation, Hills said. Under the Federal Tort Claims Act, those who were denied compensation have six months in which to file lawsuits seeking damages. The claims primarily alleged that groundwater contamination from buried waste caused cancer, said Thomas Jackson, an Army Claims Service attorney. He said some mentioned other illnesses or attributed symptoms to the fort's testing of the Vietnam War-era defoliant Agent Orange.

Jackson said the denials were based in part on the lack of environmental regulations barring Fort Detrick from burying chemical waste in unlined pits decades ago. The government used a similar tactic to recently defeat a lawsuit alleging that Fort Detrick groundwater pollution reduced the development value of neighboring private property. The concerns raised by White's group prompted an investigation by state public health officials in 2011. They found no statistically significant evidence of cancer clusters within 2 miles of Fort Detrick. [Source: Associated Press | David Dishneau | Mar. 03, 2015 ++]

Applications Accepted for 2015 National Veterans Golden Age Games

Washington – The Department of Veterans Affairs (VA) is currently accepting applications from Veterans interested in competing in the 2015 National Veterans Golden Age Games. Applications can be completed online at www.veteransgoldenagegames.va.gov, and will be accepted through May 15. Veterans ages 55 and older who are enrolled for VA care are eligible to participate.

The 2015 National Veterans Golden Age Games takes place in Omaha, Nebraska, Aug. 8-12. Nearly 800 athletes are expected to compete in the national multi-event sports and recreational competition for senior Veterans. The event encourages participants to make physical activity a central part of their lives, and supports VA's comprehensive recreation and rehabilitation therapy programs. Competitive events include air rifle, badminton, bowling, cycling, dominoes, field, golf, horseshoes, nine ball, shuffleboard, swimming, table tennis and track.

VA research and clinical experience verify that physical activity is important to maintaining good health, speeding recovery and improving overall quality of life. The games also serve as a way for participants to continue in local senior events in their home communities.

VA Nebraska-Western Iowa Health Care System will host this year's games. The health care system provides care for more than 55,000 Veterans from 101 counties in Nebraska, western Iowa and portions of Missouri and Kansas.

For more information visit www.veteransgoldenagegames.va.gov and follow VA Adaptive Sports on Twitter at @VAAdaptiveSport or on Facebook at www.facebook.com/vaadaptivesports.

Groundbreaking Device Being Tested By VA May Put End to Pressure Ulcers

Pressure ulcers (commonly known as bed sores) are one of the most troublesome and painful complications for patients during a long hospital stay, but a joint project between the Department of Veterans Affairs (VA) Center for Innovation and General Electric (GE) Global Research may one day make pressure ulcers a thing of the past.

A multi-disciplinary team of scientists have combined an array of sensing and analytical tools, including motion analysis, thermal profiling, image classification/segmentation, 3-D object reconstruction and vapor detection into a single medical sensing handheld probe to assess and monitor the progression of bed sores or pressure ulcers.

The device is currently in pilot testing at the Augusta, Georgia, VA Medical Center Spinal Cord Injury Unit. The probe integrates multiple sensing capabilities with analytics and user support features to more acutely measure pressure ulcer formation and/or to determine if an ulcer is healing.

"The collaboration with GE is another example of the innovative work VA is doing with our private sector colleagues to advance the science of health care for our Veterans," said Dr. Carolyn Clancy, VA's Interim Under Secretary for Health. "We are pleased to work with GE to pilot a technology that holds the promise of revolutionizing the protocol for preventing and treating painful bed sores. We know that if patients are not turned on a regular basis, they can

develop bed sores during their hospital stay as pressure builds up on their skin. By combining physical inspection with the technology capable of allowing real-time monitoring, we may be able to prevent ulcers from forming or advancing. This innovation is about providing the best care to our Veterans and collaborations like this one with GE helps us do just that.”

Individuals with spinal cord injuries with loss of sensation and mobility are particularly at risk for developing pressure ulcers. In U.S. hospitals alone, an estimated 2.5 million patients per year develop pressure ulcers, which require treatment.

“Pressure ulcers are a very pervasive, but also very preventable condition for hospital patients,” said Ting Yu, GE’s Principal Investigator on the pressure ulcer prevention and care program.

“The device can help detect the earliest signs of ulcer formation. It also provides a more objective and comprehensive assessment of the wound to understand its progression. We’re now testing this device with VA in a clinical setting to see if it provides the kind of information that will help hospitals reduce and one day eliminate pressure ulcers from developing with patients.”